

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-26-2000 90053 049 ****70.00

DOCUMENT # 731893

1. Entity Name

PLANNED PARENTHOOD OF GREATER MIAMI, INC.

Principal Place of Business

1699 S.W. 27 AVENUE
SECOND FLOOR
MIAMI FL 33145

Mailing Address

1699 S.W. 27 AVENUE
SECOND FLOOR
MIAMI FL 33145-2046

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1642041

Applied For

Not Applied For

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN-LAVIELLE, ANA
2900 BRIDGEPORT AVE
#320
COCONUT GROVE FL 33133

Address change only
901 Ponce de Leon Blvd.
#502
COCONUT GROVE FL 33133

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	SEABROOK, BRUCE	
STREET ADDRESS	3584 ST GAUDENS ROAD	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE	DT	<input type="checkbox"/> Delete
NAME	NAPIER, LISA	
STREET ADDRESS	200 S-BISCAYNE BLVD #400	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	SD	<input type="checkbox"/> Delete
NAME	O'CONNELL, BEATRICE	
STREET ADDRESS	602 MALAGA	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COHEN, VICTORIA	
STREET ADDRESS	1 GROVE ISLE DR, 1205	
CITY-ST-ZIP	COCONUT GROVE, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEHAN, JEAN D	
STREET ADDRESS	7800 RED RD 224	
CITY-ST-ZIP	S MIAMI FL	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	HARPER, PAIGE A	
STREET ADDRESS	1688 WEST AVE #703	
CITY-ST-ZIP	MIAMI BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D+C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice Chair + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D (STICHT)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delores Juler Sticht	
STREET ADDRESS	2559 TRAPP AVE	
CITY-ST-ZIP	COCONUT GROVE FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Chair Elect + D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2000

Date

305 285-5532

Daytime Phone #